

## APPENDIX B

### YEAR 1 PROGRESS REPORT

**Instructions:** Indicate the progress of each of the following items by placing a "1" in the box the that best describes the current status of item in question. Your answers to these questions will fulfill the Semi-Annual Progress Report requirement of cooperative agreement award.

<i>PROGRAM GOVERNANCE AND ADMINISTRATION</i>	<i>Planning Phase</i>	<i>Pending Implementation Start</i>	<i>Implementation in Progress</i>	<i>Implementation Near Completion</i>	<i>Implementation Completed</i>
Is there leadership at the health department level ensuring coordination of all three funding streams (i.e. HRSA, CDC, and MMRS)?					
Has a Coordinator for Bioterrorism Hospital Preparedness Planning been designated?					
Has the Hospital Preparedness Planning Committee been established?					
Has the Hospital Preparedness Planning Committee met?					
Has a roster of the planning committee been compiled and provided to HRSA?					
Does the roster include the State, Territorial or Municipal health department?					
Does the roster include the State, Territorial, or Municipal emergency medical services office?					
Does the roster include the State, Territorial, or Municipal emergency management agency?					
Does the roster include the State, Territorial, or Municipal hospital association?					
Does the roster include the State, Territorial, or Municipal office of rural health?					
Does the roster include the State, Territorial, or Municipal primary care associations?					
Does the roster include the Veterans Administration, if any are available in the jurisdiction?					
Does the roster include military treatment facilities, if any are available in the jurisdiction?					
Does the roster include the State, Territorial, or Municipal poison control center?				X	
Does the roster include the State, Territorial, or Municipal CDC-Funded Terrorism Preparedness and Response Program?					
Does the roster include the State, Territorial, or Municipal Metropolitan Medical Response Team(s)?				X	

Does the roster include the State, Territorial, or Municipal Maternal Child Health Advocate?				X	
Does the roster include the State, Territorial, or Municipal American Indian Tribal or Federal health care facility, if any are available in your jurisdiction?			X		
Has a rationale for inclusion of each member in the planning committee been provided?					
Is the Hospital Preparedness Planning Committee meeting quarterly, to provide guidance, direction and oversight to the State health department in planning for bioterrorism response?					
Has a description or charter defining the mission and duties of the planning committee been provided to HRSA?					
If the planning committee formed under the HRSA guidance is blended or identical with similar committees for the CDC cooperative agreement or other grantee emergency preparedness do issues of health care system preparedness receive consistent top priority consideration given the multiple missions of the committee?					
Are security and confidentiality being addressed in committee discussions on sensitive issues (e.g. open versus closed meetings)?					
Will members of the committee have the opportunity to approve the State, Territory, or Municipal health care preparedness plan that will be submitted to HRSA?					
<b>REGIONAL SURGE CAPACITY PLAN FOR ADULT AND PEDIATRIC VICTIMS OF TERRORISM</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does the jurisdiction currently have the capacity to evaluate, diagnose and treat at least 500 patients in the State, Territory, or Municipality?				X	
Has the jurisdiction integrated surrounding rural counties into its response plan to evaluate, diagnose and treat 500 patients in the State, Territory, or Municipality?				X	
Has the jurisdiction identified the identify EMS systems, emergency departments and outpatient centers capable of initial assessment and treatment of terrorist victims?			X		
Has the jurisdiction identified current linkages to expert consultation?			X		
Has the jurisdiction identified current linkages to definitive referral centers?			X		
Does the jurisdiction currently have protocols to augment personnel to handle large influxes of patients?			X		

Does the jurisdiction currently have protocols for credentialing and supervising of clinicians not normally working in facilities responding to a terrorist incident?			X		
Does the jurisdiction currently have protocols for managing unsolicited clinical help and donated items?			X		
Does the jurisdiction currently have mechanisms in place to increase hospital bed capacity will be to accommodate increases in admissions from an infectious disease epidemic over an extended period of time?				X	
Does the jurisdiction currently have mechanisms in place to provide Type C (contagious) isolation and quarantine to casualties?					X
Does the jurisdiction currently have mechanisms in place to address overcrowding in hospitals with large numbers of acute casualties arriving on their own or by ambulance?				X	
Does the jurisdiction currently have mechanisms in place to track the triage, referral and evacuation of patients during a mass casualty incident or large-scale infectious disease epidemic?			X		
Does the jurisdiction currently have mechanisms in place to increase hospital security (crowd control, patient traffic to support triage decisions, prevention of further terrorist attacks at the hospital?				X	
Does the jurisdiction currently have in place a rapid communication plan with EMS units that allow them to determine a destination immediately at any time?			X		
Does the jurisdiction's hospital diversion and triage into off-site facilities plans taken the EMTALA legislation into consideration?			X		
Does the jurisdiction currently have in place a plan to ensure the movement of equipment maintained by hospitals or EMS systems to the scene of a bioterrorist event?			X		
Does the jurisdiction have a plan in place to ensure access to medically appropriate care to children, children with special health care needs, pregnant women, the elderly and those with disabilities during a terrorist incident?			X		
Has the jurisdiction included the school setting and the clinicians there in their planning for children?				X	
Does the jurisdiction currently have a plan in place that allows for the delivery of essential goods and services (such as food, water, electricity and shelter) to patients and hospitals during an incident?				X	
Does the jurisdiction have a plan in place for the safe and appropriate disposal of medical waste?				X	
Does the jurisdiction currently have in place mechanisms that will allow it stage prophylaxis and immunization clinics for large numbers of patients?					X
Does the jurisdiction currently have patient education and informed consent procedures that can be utilized during a mass preventive medicine campaign?				X	

Does the jurisdiction currently have in place the mechanisms to provide language translation services (including American Sign Language for the hearing impaired) to ensure appropriate informed consent for preventive medical treatment?			X		
Does the jurisdiction currently have a system that allows it to record and track prophylaxis or immunization interventions, both at the time treatment is rendered, and afterwards to detect and treat complications in a timely manner?			X		
Does the jurisdiction currently have a plan to route patients with suspected communicable disease from a bioterrorist source to other facilities, after initial triage, for further diagnosis and treatment?					X
Does the jurisdiction currently have in place the mechanisms that will allow it to provide isolation, either on site or by referral, to large numbers of communicable disease patients presenting at a hospital?				X	
Does the jurisdiction currently have a plan that allows it to deploy additional hospital, outpatient and EMS personnel at the local level to implement an effective medical terrorism response? Resources may include, but are not limited to, metropolitan medical response systems or disaster medical assistance teams (DMAT).					X
Are their current arrangements with the federal Office of Emergency Response for deploying DMATs as state assets in the jurisdiction, when a conflict may exist with these resources being deployed elsewhere as part of the Federal Response Plan?			X		
Does the jurisdiction currently have a plan for the sharing of clinical personnel between hospitals when needed for a terrorism response?			X		
Does the jurisdiction have a plan in place to deal with clinical personnel who fail to report to work during a disaster, including issues of adequate preparation and training, fear mitigation, provision of adequate protective gear, finite rotation schedules, and family care?				X	
Has the jurisdiction in its planning efforts avoided double counting of resources that may be tapped into simultaneously by different hospitals during prior and during incident (such as temporary nursing agencies)?			X		
<b>MEDICATIONS AND VACCINES</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does the jurisdiction have a system in place to receive and distribute antibiotics and smallpox vaccines made available from Federal sources?					X
Does the current system operate on 24 hours a day, 7 days a week basis?					X

Does the current medications and vaccine plan describe arrangements for tapping into other resources for antibiotic and vaccine treatment of biological exposures, such as pharmaceutical caches of metropolitan medical response systems funded by the Office of Emergency Preparedness, or other public and private sources?					X
If local caches have been proposed, has its composition been justified on the basis of generally accepted clinical recommendations to the appropriate Federal agencies?			X		
Does the current medications and vaccines plan ensure that all emergency responders and their families will be treated from the local medication and vaccine cache or until the SNS within 12 hours?			X		
Does the storage site for antibiotics, antidotes and potassium iodide meet specifications for environmental acceptability (moisture-free with a temperature range controlled to remain between 58(F and 86(F)?					
Have all the emergency personnel and their family members who may be eligible for prophylaxis within 12 hours of a terrorist event been identified?			X		
Does your jurisdiction currently maintain an active contact list of these persons, updating it not less frequently than once each calendar quarter?			X		
<b>HOSPITAL LABORATORIES</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does your jurisdiction currently have a regional hospital laboratory component that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services responding to terrorism and other public health emergencies?	X				
Does your jurisdiction currently have mechanisms for recruiting and training hospital laboratory personnel capable of testing biological, chemical and radiological terrorist agents?	X				
Does your current communication and educational efforts between regional hospital laboratories, Level A (clinical) laboratories, Level B and C Laboratory Response Network facilities, and state laboratory associations function effectively?	X				
Do they function effectively in the following areas?					
Rule-out testing on critical biological, chemical and radiological agents?	X				
Education of personnel in hospital laboratories to safely package and handle specimens?	X				
Referring when necessary to higher level laboratories for further testing?	X				

Does your current information technology plan coordinate communication between hospital and public health laboratories in a reporting hierarchy to include BSL-4 federal laboratory facilities at CDC and USAMRIID?	X				
Do your current laboratory electronic reporting mechanisms ensure rapid access to critical diagnostic information?	X				
Does your current hospital laboratory plan educate laboratory personnel about forensic handling of biological and chemical specimens that might constitute criminal evidence?	X				
Has your jurisdiction established formal operating relationships with local members of hazardous materials teams, first responders, and the FBI to provide hospital laboratory support in response to terrorism, including environmental testing and chain-of-custody procedures?	X				
If deemed appropriate, has your jurisdiction participated in joint efforts to fund and implement a multi-state plan for regional hospital laboratories capable of assisting in a biological, chemical or radiological terrorism response?	X				
Has your jurisdiction conducted at least one simulation exercise per year in conjunction with the state laboratory that specifically tests hospital laboratory readiness and capability to detect and identify at least one bioterrorism threat agent?	X				
<b>SURVEILLANCE AND PATIENT TRACKING</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does your current plan allow your jurisdiction to monitor all emergency department and outpatient visits, complaints, and diagnosis from a surveillance and detection perspective that is integrated with State and Federal surveillance systems?	X				
Is there a legal authority in your jurisdiction that requires reports on suspect cases or unusual illness clusters?	X				
Does your jurisdiction currently assess the timeliness and completeness of the reportable disease surveillance system on a quarterly basis, especially for naturally occurring illnesses that mimic those resulting from a terrorist action?	X				
Does your jurisdiction currently provide ongoing disease surveillance and epidemiology training in terrorism related subjects for public health, clinical, and other health care professionals?			X		
Does your jurisdiction currently coordinate with local public health agencies to use the NEDSS system to develop or enhance electronic surveillance applications?			X		
Does your jurisdiction currently acquire and disseminate information and fact sheets about terrorism and other public health emergencies, including information for public use in response to a terrorist incident?					

Has your jurisdiction identified clinicians with key terrorism-related skills, such as those who have seen and treated smallpox or other infectious or tropical diseases, toxic exposures and radiation illnesses and their sequelae?	X				
<b>PERSONAL PROTECTION AND DECONTAMINATION</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Has the jurisdiction assessed the existing chemical and radiological response equipment it currently possesses?			X		
Has the jurisdiction assessed the degree of interoperability of personal protective equipment (levels A-D), decontamination assets, and radiological and chemical detection equipment?					
Does the jurisdiction currently provide training and education to hospital and emergency medical service personnel who may respond to or treat patients that have been chemically or radiological contaminated?					
Does the jurisdiction currently have mechanisms in place to ensure that responding clinicians and their families will be protected from exposures to biochemical casualties and environments (such as provision of personal protective equipment, antibiotics and vaccines)?			X		
Does the jurisdiction have mechanisms in place to upgrade existing decontamination systems to allow for large numbers of patients exposed to particulate infectious material from an airborne or environmental release (such as fixed hospital units, portable units, or DMATs capable of mobile decontamination)?			X		
Has the jurisdiction identified which hospitals in the State (such as the dedicated referral hospital for CDC's Division of Global Migration and Quarantine) will be targeted for capital improvements (such as air filtered quarantine units or biological decontamination facilities) to assure safe and effective isolation and decontamination of large numbers of patients with communicable bioterrorist diseases?			X		
Is the jurisdiction able to provide an accurate number of hospitals in the State, Territory or Municipality that currently have an isolation room (s) capable of protecting responding clinicians against communicable bioterrorist diseases?					
Does the jurisdiction have mechanisms in place to deploy additional needed decontamination equipment to maximize statewide benefit and cost-effectiveness?			X		
Has the jurisdiction linked hospitals and prehospital emergency medical responders to local hazardous materials (HAZMAT) teams, local offices of emergency management, and fire and police departments to ensure a coordinated response to a terrorist incident?			X		
Does your jurisdiction currently have mechanisms in place to educate health care providers on the proper use of personal protective equipment?			X		

<b>EMERGENCY MEDICAL SERVICES</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does the jurisdiction currently have mechanisms in place to deploy paramedics and other emergency medical technicians locally to implement an effective re-hospital terrorism response?			X		
Does the jurisdiction currently have in place the mechanisms to deploy EMS support staff, including drivers, dispatchers and others at the local level to implement an effective pre-hospital terrorism response?			X		
Has the jurisdiction upgraded EMS equipment to accommodate pre-hospital mass casualty response capability in the State?		X			
<b>TRAUMA AND BURN CENTER CAPACITY</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Does the jurisdiction currently have the mechanisms in place to deploy surgeons, trauma surgeons, neurosurgeons, orthopedic surgeons, other surgical specialists and anesthesiologists at the local level to implement an effective surgical and burn unit terrorism response?	X				
Does the jurisdiction currently have the mechanisms in place to deploy additional surgical staff, including nurses and ancillary health care personnel, at the local level to implement an effective surgical and burn unit terrorism response?	X				
Does the jurisdiction currently have mobile surgical response teams in place to for use in a terrorist incident?	X				
Has the jurisdiction upgraded equipment or facilities to accommodate mass surgical and burn casualties in the State?	X				
<b>MENTAL HEALTH</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Has the jurisdiction assessed the adequacy of current hospital and outpatient mental health resources for survivors of terrorism?	X				



Has the jurisdiction assessed the hospital and outpatient facility post-event mental health capacity for capacity to respond to large numbers of people experiencing mental health complications of a terrorist event, such as grief, depression, anxiety, adjustment disorders, post-traumatic stress disorder (PTSD), organic mental disorders secondary to head trauma or toxic exposures, family violence and substance abuse?	X				
Does the jurisdiction currently have mechanisms in place to provide education to the general public and the staff of hospitals and outpatient facilities, to minimize ongoing psychological damage in the event of a future terrorist incident?	X				
Does the jurisdiction currently have mechanisms in place to provide adequate mental health services, long-term treatment planning and follow-up care, to a large number of victims directly affected by an attack, those at risk, and those described as worried well and their families?	X				
Does the jurisdiction currently have mechanisms in place to provide adequate mental health services to medical first responders, hospital and outpatient staff?	X				
Does the jurisdiction currently have mechanisms in place to train all behavioral health personnel to treat adults and children with mental health complications of an emotional, cognitive, physical or interpersonal nature?	X				
Has the jurisdiction identified which hospitals or outpatient centers will provide mental health services to assure that the psychological needs of the community are addressed after a terrorist incident?	X				
Does the jurisdiction currently have a data bank that lists eligible or certified mental health professionals who can provide on-site and long term follow-up mental health services?	X				
<b>COMMUNICATIONS AND INFORMATION TECHNOLOGY</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Has the jurisdiction assessed its capacity for redundant communication devices (such as two-way radios, cell phones, voice mail boxes, satellite phones, or wireless messaging)?			X		
Has the jurisdiction assessed the capacity of existing systems at the state and local level to broadcast or auto-dial automatically distributed alerts and messages to these devices?	X				
Has the jurisdiction assessed the capacity to link the emergency communication systems of local emergency response partners?	X				
Has the jurisdiction assessed the policies and procedures for protecting and granting access to systems for the management of secure information and to system backups?	X				
Has the jurisdiction assessed the capacity to exchange electronic data in compliance with hospital information and data exchange standards referenced in the NEDSS initiative?	X				

Has the jurisdiction assessed the existing capacity to fully provide information technology support according to industry standard practices for user support and ongoing monitoring and maintenance?			X		
Does the jurisdiction have specific guidelines for the activation of the State bioterrorism hospital preparedness program during an acute incident, or one involving an epidemic developing over a longer time period?		X			
Does the jurisdiction currently have in place mechanisms that address gaps in the communications systems among hospital emergency departments, outpatient facilities, EMS systems and State and local emergency management, public health and law enforcement agencies, and poison control centers as they relate to bioterrorism response?			X		
Does the jurisdiction currently have in place mechanisms that provide redundancy in communication systems and ensure communication backup in the event of failure or excess load on land line, cellular telephone systems and Internet communications?				X	
Does the jurisdiction currently have in place mechanisms to centrally track bed status across the jurisdiction?					
Does the jurisdiction currently have mechanisms in place to educate the general public as to where and when to present to the hospital or to activate EMS?			X		
Does the jurisdiction currently have public relations mechanisms in place for dealing with large numbers of patients, worried well, family and friends, and media?.			X		
Has the jurisdiction addressed interoperability of communication systems?					X
Does the jurisdiction currently have a Web site for health care organizations that contains current relevant hospital and public health information, including health alerts, advisories, and updates?					
Does the jurisdiction currently perform regular independent validation and verification of Internet security, vulnerability assessments, continuity of operations practices, and implementation of rapid remedial actions?			X		
<b>EDUCATION AND PREPAREDNESS TRAINING</b>	<b>Planning Phase</b>	<b>Pending Implementation Start</b>	<b>Implementation in Progress</b>	<b>Implementation Near Completion</b>	<b>Implementation Completed</b>
Has the jurisdiction assessed the need for diagnostic and treatment protocols addressing bioterrorist infectious diseases or chemical toxidromes with early nonspecific syndromes, and for mechanisms to bring clinicians up to speed on these protocols before and during a terrorism incident?			X		

Does the jurisdiction currently have mechanisms in place to train and educate hospital and EMS clinicians to respond to a bioterrorism event, including components for managing fears about personal exposure to biological agents?			X		
Does the jurisdiction currently have diagnostic and treatment protocols for bioterrorist infectious diseases and toxins with early nonspecific syndromes, to be used in emergency departments, outpatient and inpatient facilities and intensive care units, and the prehospital environment will be developed or updated?			X		
Do these diagnostic and treatment protocols address the needs of children, children with special health care needs, pregnant women, the elderly and those with disabilities?			X		
Does the jurisdiction currently have a system to meet the immediate information needs experienced by clinicians caring for patients or serving as EMS medical control officers will be addressed during a bioterrorist incident (such as web-based diagnostic and treatment protocols or telephone consultation)?			X		
Has the jurisdiction enhanced the ability of poison control centers serving the State to respond immediately to requests for information from clinicians and the general public following a bioterrorist incident?			X		
Does the jurisdiction currently have a plan for ensuring continuing professional education credentialing of in-services or conferences on bioterrorism?			X		
Has the jurisdiction developed a coordinated approach for using State or national training resources for developing their own preparedness training program?			X		
<b><i>TERRORISM PREPAREDNESS EXERCISES</i></b>	<b><i>Planning Phase</i></b>	<b><i>Pending Implementation Start</i></b>	<b><i>Implementation in Progress</i></b>	<b><i>Implementation Near Completion</i></b>	<b><i>Implementation Completed</i></b>
Does the jurisdiction currently have mechanisms in place to test bioterrorism response plans and training efforts to reinforce the plan?			X		
How many bioterrorism response drills has the jurisdiction had to date?					X
How many bioterrorism response drills will the jurisdiction have in the upcoming fiscal year (FY2003)?				X	
Has the jurisdiction implemented mechanisms to gauge that the biological disaster drills are of sufficient intensity to impact the community's normal operations during the exercise, in a way similar to what would be expected during an actual biological terrorist incident?			X		

Has the jurisdiction developed processes for incorporating lessons learned from the drills into periodic revisions of the bioterrorism response plan?			X		
Has the jurisdiction exercised the deployment of a local pharmaceutical cache, if a local cache exists?					X
Are JCAHO accreditation requirements currently integrated into the disaster drill plan?	X				
<b>FUNDING</b>		<b>Amount</b>			
What amount of HRSA Cooperative Agreement funds have been spent (or have been obligated) for Personal Protective Equipment (PPE)? <b>(ALL FIGURES ARE FOR FY 02 FUNDING LEVELS)</b>		170,000			
What amount of HRSA Cooperative Agreement funds have been spent (or have been obligated) for non-information technology communications (i.e. two-way radios, UHF units)?		120,000			
What amount of HRSA Cooperative Agreement funds have been spent (or have been obligated) for information technology equipment (i.e. computer hardware, software)?		45,000			
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) directly to the hospitals (i.e. contractual agreement between the State and an individual/group of hospitals)?		1,401,400			
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to State or Regional hospital associations for planning or for distribution among their members?		57,000			
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to community health centers?					
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to pediatric hospital associations?					
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to emergency medical services?					
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to primary care associations?					
What amount of HRSA Cooperative Agreement funds have gone specifically to rural hospitals?		924,000			
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to American Indian or Alaskan Native Tribal or Federal health care facilities?					
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to poison control centers?					
What amount of HRSA Cooperative Agreement funds have gone (or have been obligated) to Veteran's Administration and/or Military treatment facilities?					



Maintenance and Quality Improvement Phase	
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<i>Maintenance and Quality Improvement Phase</i>
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